

## AUTHORIZATION AND AGREEMENT

I authorize the use of my child's picture in the *Newspaper*.       Yes     No

If a television station (WEAU or WQOW, for example) is in our school district, I authorize them to videotape my child in school-related activities.       Yes     No

I allow my child to be video-taped for educational purposes.       Yes     No

I authorize the use of my child's picture on the school website or any other publication (i.e. School Newsletter, etc.)       Yes     No

I have received my copy of the Roselawn Elementary Handbook. I agree to the policies and procedures documented with the Roselawn Elementary Handbook.       Yes     No

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Student's name

\_\_\_\_\_

Grade

\_\_\_\_\_

Parent's/ Guardian's Signature